14 OCT 17 AH 11:35 1/56

FEC FORM

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authoriz	zed Committee	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Coleman for Senate				1
	ı 4801 North Shore Drive		<u>.i., l. </u>	
ADDRESS (number and street)				
Check if different				
than previously reported. (ACC)	North Little Rock		AR 7211	8
2. FEC IDENTIFICATION N	IUMBER ▼	CITY A	STATE A	ZIP CODE
C C00461871	3. 19	S THIS 🔯 NEW	AMENDED	STATE ▼ DISTRICT
		S THIS NEW (N) OR	(A)	AR L
4. TYPE OF REPORT (C) (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quart January 31 Year-E	Report (Q1) Report (Q2) erly Report (Q3) End Report (YE) (c) 30	Primary (12P) Convention (12C) lection on General (30G)	General (12G) Special (12S)	in the State of Special (30S) in the State of S
5. Covering Period	7		M / B B / Y	2014 Z
		t of my knowledge and belief it is	true, correct and con	nplete.
Type or Print Name of Treasure	er Kathryn Coleman			
Signature of Treasurer Kan	thryn Coleman		Date/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NOTE: Submission of false, error	neous, or incomplete inform	ation may subject the person signing	g this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use				EC FORM 3

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